

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
**107009243**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3		1				
4		1				
5		1				
6		4				
7		0				
8		0				
9		0				
10		0				
11		0				
12	1					
13		1				
14		1				
15		3				
16		0				
17		0				
18		0				
19		0				
20			1			
21				1		
22				1		
23			1			
24				1		
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26				1		
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41				1		
42				1		
43				1		
44				1		
45				1		
46						
47						
48						
49						
50						
TOTAL IND.	1	3	1	1	1	1
TOTAL DEP.		22				
TOTAL CLAIMS		25				

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS